Ms. Fleck,

I would like to add to my previously submitted comments.

I believe that there is a component of the ACC-NCDR database that should receive particular attention when determining the quality of a PCI program, namely the Appropriate Use ranking in the Executive Summary, specifically the number of "Inappropriate" stents implanted. After all, it was the inappropriate use of stents that started this train down the tracks in the State of Maryland. The Appropriate Use scoring is determined by clinical factors and angiographic/anatomical findings and is based on the ACC guidelines regarding the subject. Patients must have certain clinical characteristics before they are deemed to be "Appropriate" for diagnostic cath, and once their anatomy is defined, there are certain anatomical findings (such as number of vessels involved, or location of the lesion) that must be present in light of the clinical background in order to proceed with stenting "Appropriately." Not all obstructive lesions meet the clinical criteria for being treated, even if they meet angiographic and adjunctive criteria. I agree with Yuri that the guidelines do not include every possible scenario, but the database accommodates for that with an "uncertain" and "cannot be categorized" option. Certainly, the focus should be on the number of procedures that are clearly "Inappropriate."

SCAI provides a free calculator for both diagnostic and PCI procedures here:http://scaidiagnosticcath.org/Home.aspx
and here: http://scai-qit.org/content/clinical-presentation. These can be used by the physicians, and certainly the data collectors, at each program (we have our doctors submit the scores before their cases can be scheduled). I feel that any program that falls below the 50th percentile comparative benchmark for "Appropriate Use" should be subject to a focused review. Programs below the standard for 4 rolling quarters should probably face stiff penalties, if not closure.

Secondly, there is an important benchmark that is not captured by the NCDR database—percent normal caths. Programs that are well above the national average for the "number of diagnostic caths performed that result in no findings of obstructive disease" are clearly over-using the procedure. Deviation above the average for 4 rolling quarters should result in a focused review. Both SCAI and the ACC publish the yearly average according to their surveying.

Because the ultimate goal is to ensure that PCI programs are not only of high quality, but also utilize the cath lab and stents appropriately, the aforementioned benchmarks are crucial and should receive special consideration and should be specifically mentioned in the CAG document.

Thank You,
Christopher Haas DO
Medical Director Cardiology
Western Maryland Health System
PCI CAG Member